

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/43984

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TAL D.				
TAL P.				
TAL AIMS				

TOTAL INCL. 3
TOTAL DEP. 54
TOTAL CLAIMS 67

BEST AVAILABLE COPY